BEHIND THE SCENES

With OSHPD Analyst

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Variant Action Request (VAR)

➢ What is it?

➢ When would you use it?

➢ How do you request one?

➢ What happens when you do?

Healthcare Outcomes Center

Patient Discharge Data (PDD) Outcomes Validation Study

➢ An overview of the study

- Key Issues:
  - DNR
  - CPAA
  - Place of Occurrence E-Codes

New Law and Data Elements

- ➢ SB 1850
  - Effect January 1, 2007

- ➢ Regulation Process
  - Steps OSHPD takes

- ➢ Principal Language Spoken

- ➢ ED & AS Disposition Code Changes (10/07)

Making It Work…

Variant Action Request

Variant Action Request (VAR)

Step 1. Validate the data are accurate

- ➢ Have all my critical edits been corrected?

- ➢ Have all my warning edits been reviewed?

- ➢ Does the data I'm reporting in MIRCal match my internal facility reports, logs & registers?

- ➢ Does the Data Distribution Report accurately reflect our patient census?

Variant Action Request (VAR)

Step 2. Email Analyst

- ➢ VAR Justification
  - • Data is accurate as reported
  - • How this was determined
  - • Known or probable causes

Variant Action Request (VAR)

Step 3. Allow Sufficient Processing Time

- ➢ Can take up to 5 business days
  - ✓ If necessary, file extension request

Variant Action Request (VAR)

Step 4. Test Submission

➢ Validate that data is Below ETL

Variant Action Request (VAR)

Step 5. Formal Submission

✓   Check Results to verify that
    "**Data Has Been Approved**"

Variant Action Request (VAR)

1. Validate Data is Accurate
   - ✓ Data Distribution Report

2. Email Analyst

3. Allow Sufficient Processing Time
   - ✓ If necessary, file extension request

4. Test Submission

5. Formal Submission

DATA APPROVED

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PDD Validation Study

- ➢ Begins in 2007

- ➢ Selection of hospitals

- ➢ Facility administrators to be notified

- ➢ Site visits

- ➢ Review of medical records

Selected "Umbrella" Conditions
and Risk-Factors

- **Acute Myocardial Infarction (AMI)**
  - Shock, Pulmonary Edema
- **Community Acquired Pneumonia (CAP)**
  - Respiratory Failure, Septicemia
- **Hip Fracture**
  - Pneumonia, Congestive Heart Failure
- **Congestive Heart Failure (CHF)**
  - AMI, Acute Renal Failure
- **PTCA**
  - AMI, Acute Renal Failure

Focus On

➢ DNR

➢ CPAA

➢ Place of Occurrence E-Codes

Prehospital Care & Resuscitation (DNR)

➤ Yes, a DNR order <u>was written within the first 24 hours</u> of admission

➤ No, a DNR order <u>was not written within the first 24 hours</u> of admission

Condition Present At Admission (CPAA)

Effective with discharges on or after January 1, 1996, whether the patient's principal or other diagnoses were present at admission shall be reported as one of the following:

(1) Yes
(2) No
(3) Uncertain

Place of Occurrence E-Codes

➤ Report Principal E-Code as cause of injury

➤ Report another E-Code to designate the place of occurrence

➤ Report additional E-Codes

OSHPD CPAA

&

UB-04 POA

States Reporting CPAA/POA

➢ New York (1994)

➢ California (1996)

➢ Florida (1/2007)

➢ Maryland (1/2007)

➢ Massachusetts (1/2007)

✦ Illinois (10/2007)

✦ Wisconsin (10/2007)

OSHPD   vs   UB-04

Effective Date	Effective Date
– January 1, 1996	– May 23, 2007 (paper billing) – 837I Version 5010 (electronic billing)

Applied to Inpatient

OSHPD CPAA	UB-04 POA
➢ Principal Diagnosis ➢ Other Diagnoses	➢ Principal Diagnosis ➢ Other Diagnoses ➢ E-Codes

CPAA vs. POA Indicators

| OSHPD CPAA	UB-04 POA
➢ Y = Yes ➢ N = No ➢ U = Uncertain	➢ Y = Yes ➢ N = No ➢ U = Uncertain ➢ W = Clinically Undetermined ➢ Blank

OSHPD CPAA Action

➢ Report CPAA on **all** diagnoses
- Including those on the UB-04 POA exempt from reporting list

➢ Do NOT report POA on E-Codes

➢ POA "U" and "W" can be mapped to OSHPD's Uncertain
- OSHPD will not accept the W indicator

New Law, Regulation Process & Data Elements

Senate Bill 1850
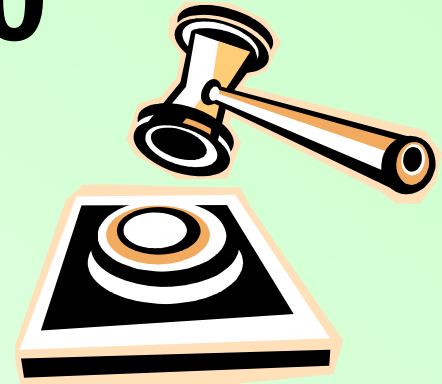
Effective January 1, 2007

Applies to Acute Psychiatric Hospitals only

- Removes AS Reporting Requirements

Regulation Process

- ➢ Draft concepts

- ➢ Discuss with stakeholders

- ➢ Publish notice (MIRCal website)

- ➢ Encourages written public comments

- ➢ Addresses comments in rule-making file

- ➢ Office of Administrative Law review

- ➢ Can take 1-2 years or longer to complete

Working with Stakeholders

Personal Contact

Onsite visits, committee & commission work

MIRCal analyst assistance & custom reports

**Teleconferences, presentations & interviews**

Seminars, handouts, surveys, articles, conventions, conferences, exhibits & regulation dialogues

Quick Notes, **internet postings, e-mails, computer-based training & technical manuals**

Broad-casts

Principal Language Spoken Update

➢ Senate Bill 680

- Chartered into law October 2001

➢ Applies to

- Inpatient
- Ambulatory Surgery
- Emergency Department

Uses of Language
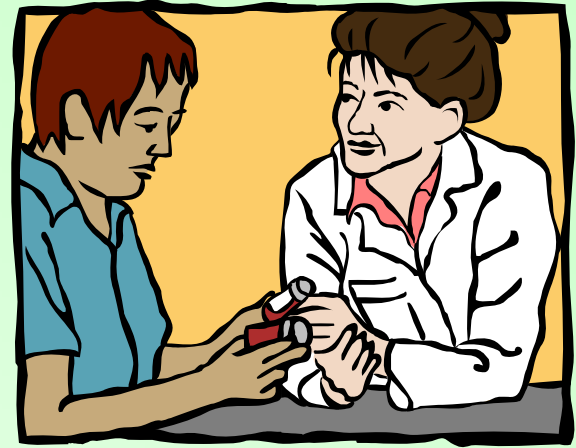
➢ Communication is important between health care community and the patient

➢ More attention needed to improve medical outcomes

ISO

➢ **International Organization for Standardization (ISO)**

- – Worldwide federation of national standards bodies

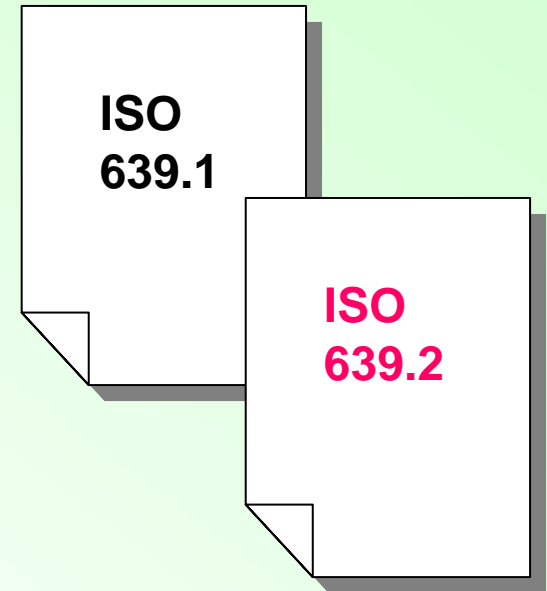- – Named entity to maintain the language code list
  - • ISO 639

ISO's Language Code List

➢ ISO 639 = Language Code List

- 400+ languages
- Written in English
- ISO 639.1
- ISO 639.2
  - 3 letter code list
  - All languages are captured

ISO 639.1

ISO 639.2

ED & AS
Patient Disposition Codes

Effective October 1, 2007

➢ **Patient Disposition 05** (definition change)
- Discharged/transferred to a Designated Cancer Center or Children's Hospital.

➢ **Patient Disposition 70** (new)
- Discharged/transferred to another type of health care institution not defined elsewhere in this code list.

Planning for the Future

➢ Principal Language Spoken

➢ Inpatient data elements to National Standards

➢ ICD-10-CM and ICD-10-PCS

➢ Clinical data elements

➢ MIRCal functionality to accept CABG data

Presentation Wrap-Up

- ➢ **Variant Action Request**

- ➢ **Healthcare Outcomes Center,**
  - • PDD Validation Study

- ➢ **OSHPD CPAA & UB-04 POA**

- ➢ **New Law, Regulation Process & Data Elements**
  - • Principal Language Spoken
  - • Patient Disposition (ED & AS)

Questions

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